

AUGUSTA COUNTY SERVICE AUTHORITY

18 GOVERNMENT CENTER LANE, P.O. BOX 859, VERONA, VIRGINIA 24482 (540) 245-5670 FAX: (540) 245-5684



March 31, 2016

RECEIVED
DEQ – Valley
MAR 31 2016

Mr. Jason Dameron
Department of Environmental Quality
P. O. Box 3000
Harrisonburg, VA 22801-3000

To: _____
FILE: _____

RE: Mt. Sidney Permit Application (VA0022322)

Dear Mr. Dameron:

Enclosed is the original permit renewal application for the Mt. Sidney STP.

A waiver was granted for the expanded effluent testing (see attached e-mail). The Augusta County Service Authority has a county-wide Industrial Pretreatment Program which would have required this section to be completed. However, there are no industrial users on this system. Also, the enclosed sludge data show that all metal concentrations are well below the limit for exceptional quality sludge. All the biosolids TCLP parameters are in compliance as well.

Toxicity monitoring is required for POTWs with a design flow rate greater than or equal to 1 MGD or have a pretreatment program. Improvements were made to the Mt. Sidney facility and nine toxicity tests have been conducted with no evidence of toxicity. Per the amended VPDES permit, quarterly TMP testing was initiated in 2015 with an annual test to be completed by July 2016. Once the annual test is completed, WET testing should not be included in the next permit since there are no industrial users on the Mt. Sidney system.

If you have any questions, please contact me at (540) 245-5677.

Sincerely,

Jean E. Andrews
Lab and Compliance Manager

/ja
Enclosures

CHARTERED MARCH 1966



FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Mount Sidney WWTP VA0022322

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Mount Sidney WWTP

Mailing Address PO Box 859
Verona, VA 24482

Contact person Kenneth Fanfoni

Title Executive Director

Telephone number (540) 245-5670

Facility Address 2075 Lee Highway
(not P.O. Box) Mount Sidney, VA 24467

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0022322 PSD _____

UIC _____ Other VAL022322

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Mt. Sidney</u>	<u>600</u>	<u>Separate</u>	<u>Municipal</u>
<u>Fort Defiance</u>	<u>63</u>	<u>Separate</u>	<u>Municipal</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total population served <u>663 (schools 2,217)</u>			

Mount Sidney WWTP VA0022322

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

 Yes ✓ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

 Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate 0.150 mgd

Two Years Ago

Last Year

This Year

- b. Annual average daily flow rate 0.077 0.077 0.100 mgd

- c. Maximum daily flow rate 0.221 0.253 0.280 mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- | | | | |
|-------------------------------------|-----------------------------------|-----|---|
| <input checked="" type="checkbox"/> | Separate sanitary sewer | 100 | % |
| <input type="checkbox"/> | Combined storm and sanitary sewer | | % |

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- | | |
|--|---|
| i. Discharges of treated effluent | 1 |
| ii. Discharges of untreated or partially treated effluent | 0 |
| iii. Combined sewer overflow points | 0 |
| iv. Constructed emergency overflows (prior to the headworks) | 0 |
| v. Other | |

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge continuous or intermittent?

- | | | | |
|--|-----|-------------------------------------|----|
| c. Does the treatment works land-apply treated wastewater? | Yes | <input checked="" type="checkbox"/> | No |
|--|-----|-------------------------------------|----|

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: Mgd

Is land application continuous or intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:Form Approved 1/14/99
OMB Number 2040-0086

Mount Sidney WWTP VA0022322

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

____ Yes



No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Mount Sidney WWTP VA0022322

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location

(City or town, if applicable)

Augusta

(Zip Code)

VA

(County)

38° 14' 53.70"

(State)

78° 57' 35.97"

(Latitude)

(Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate _____ 0.100 mgd

f. Does this outfall have either an intermittent or a periodic discharge?

_____ Yes



No

(go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____

mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser?

_____ Yes



No

A.10. Description of Receiving Waters.

a. Name of receiving water Unnamed tributary to Middle River

b. Name of watershed (if known)

Chesapeake Bay

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known):

Potomac Basin/Shenandoah Subbasin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):

acute _____ cfs

chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Mount Sidney WWTP VA0022322

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 85+ %

Design SS removal 85+ %

Design P removal %

Design N removal %

Other %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet (UV)

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☐ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.6	s.u.			
pH (Maximum)	7.9	s.u.			
Flow Rate	0.280	MGD	0.085	MGD	1093
Temperature (Winter)	19	° C	12	° C	541
Temperature (Summer)	26	° C	22	° C	552

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	34	mg/L	6	mg/L	133	SM 5210B	2 mg/L
	CBOD-5							
FECAL COLIFORM		52	n/cmL	4	n/cmL	148	Idexx	1 n/cmL (E. coli)
TOTAL SUSPENDED SOLIDS (TSS)		14.6	mg/L	4.3	mg/L	36	SM 2540D	1.0 mg/L

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Mount Sidney WWTP VA0022322

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.22,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

ACSA has an I&I crew which investigates and repairs all discovered problems.**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
☐ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

Mount Sidney WWTP VA0022322

Form Approved 1/14/99
OMB Number 2040-0086

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001 _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	15.95	mg/L	1.65	mg/L	159	SM 4500-NH3 D	0.20 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	<0.1	mg/L	<0.1	mg/L	3	Hach 8167	0.1 mg/L
DISSOLVED OXYGEN	12.7	mg/L	7.5	mg/L	1093	SM 4500-O G	0.1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	21.15	mg/L	2.32	mg/L	74	SM 4500-Norg C	0.50 mg/L
NITRATE PLUS NITRITE NITROGEN	56.36	mg/L	27.10	mg/L	72	SM 4500-NO3 F	0.05 mg/L
OIL and GREASE	<5	mg/L	<5	mg/L	3	EPA 1664 Rev. A	5 mg/L
PHOSPHORUS (Total)	6.40	mg/L	3.40	mg/L	72	SM 4500-P E	0.05 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	438	mg/L	428	mg/L	3	SM 2540C	10 mg/L
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Mount Sidney WWTP VA0022322

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

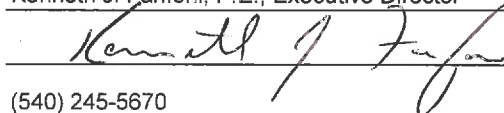
☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kenneth J. Fanfoni, P.E., Executive Director

Signature



Telephone number (540) 245-5670

Date signed

3/31/16

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Jean Andrews

From: Carver, Beverley (DEQ) [Beverley.Carver@deq.virginia.gov]
Sent: Thursday, January 22, 2015 2:34 PM
To: Jean Andrews
Cc: Dameron, Jason (DEQ)
Subject: FW: Waiver Request for Mt. Sidney WWTP
Attachments: FW: Question

Hi Jean,

This email is in response to your waiver request for the Form 2A Part D. Expanded Effluent Testing for Mt. Sidney WWTP (VA0022322). As you know, the Part D chemical testing is required for POTWs with design flows greater than or equal to 1.0 MGD or POTWs with a pretreatment program. The design flow for the Mt. Sidney WWTP is 0.15 MGD and it is part of the Augusta County Service Authority Pretreatment Program. However, no Significant Industrial Users discharge to the Mt. Sidney WWTP. Attachment A chemical monitoring has been conducted per the permit requirements. The parameters have been screened using DEQ procedures and no further monitoring has been required.

Also, the Part D waiver request was approved during the previous permit reissuance in 2010.

Finally, DEQ requires Part D testing for all major municipal permits with each permit reissuance, but Mt. Sidney WWTP is classified as Minor Municipal. **Therefore your request for waiver of the Part D monitoring is granted.**

EPA may review the draft permit for Mt. Sidney WWTP because this facility has TMDL WLA for E. coli. Per Guidance Memo No. 14-2003 (also known as the 2014 VPDES Permit Manual), EPA no longer responds to application waiver requests. However, EPA can object to the draft permit. If EPA objects to the draft permit, there will not be enough time to conduct the monitoring before the permit expires on September 30, 2016.

Bev

From: Jeffries, Dawn (DEQ)
Sent: Tuesday, January 20, 2015 1:48 PM
To: Carver, Beverley (DEQ)
Subject: FW: Waiver Request for Harriston WWTP

Bev,

This one is yours plus one other I'll send.
 Kinda early, but you know Jean is on it!

From: Jean Andrews [<mailto:jandrews@co.augusta.va.us>]
Sent: Tuesday, January 20, 2015 1:42 PM
To: Jeffries, Dawn (DEQ)
Subject: Waiver Request for Harriston WWTP

1/22/2015

Dawn,

The Augusta County Service Authority (ACSA) would like to request a Waiver for the Harriston WWTP (VA0027901) for EPA Form 2A, Part D. This form is required if the design flow of the facility is 1 MGD or greater and is required to have a pretreatment program. The Harriston WWTP design flow is 0.100 MGD; however, the ACSA has a County-wide pretreatment program which includes all of our WWTPs. There are no industrial users on the Harriston system.

If you need more information, please let me know.

Thanks!

Jean

This e-mail transmission may contain information that is proprietary, privileged and/or confidential and is intended exclusively for the person(s) to whom it is addressed. Any use, copying, retention or disclosure by any person other than the intended recipient or the intended recipient's designees is strictly prohibited. If you are not the intended recipient or their designee, please notify the sender immediately by return e-mail and delete all copies. Thank you.
County of Augusta.

1/22/2015

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Mount Sidney WWTP VA0022322

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Mount Sidney WWTP VA0022322

Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%
effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

Mount Sidney WWTP VA0022322

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___ Yes ___ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

See attached spreadsheet.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

MT. SIDNEY WWTP TOXICITY MONITORING REPORT RESULTS

Date	Report Type	Acute (LC50)		Chronic (NOEC)									
		Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia					Pimephales promelas				
				Survival	Survival TUC	Reprod.	Reprod TUC	Reprod IC25	Survival	Survival TUC	Growth	Growth TUC	Growth IC25
January 3 - 6, 2011	Special	**	**	100%	1.00	100%	1.00	>100%					
August 1 - 4, 2011	Annual	**	**	100%	1.00	<56%	>1.79	23.2%	100.0%	1.00	100.0%	1.00	>100%
October 10 - 13, 2011	Special - UV Treated	**	**	100%	1.00	100%	1.00	88.4%					
October 10 - 13, 2011	Special - Untreated	**	**	100%	1.00	100%	1.00	98.9%					
January 30 - February 2, 2012	Special	**	**	100%	1.00	100%	1.00	>100%					
July 30 - August 2, 2012	Annual	**	**	100%	1.00	100%	1.00	>100%					
July 29 - August 1, 2013	Annual	**	**	100%	1.00	100%	1.00	>100%					
March 2 - 5, 2015	Quarterly	**	**	100%	1.00	100%	1.00	>100%					
May 18 - 21, 2015	Quarterly	**	**	100%	1.00	100%	1.00	>100%					
August 31 - Sept 1, 2015	Quarterly	**	**	100%	1.00	100%	1.00	>100%					
November 9 -12, 2015	Quarterly	**	**	100%	1.00	100%	1.00	>100%					

*** Per amended permit, start quarterly testing in 2015 and go to annual in 2016. If all tests are passed, WET testing should not be included in next permit.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Augusta County Service Authority
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. **Is this facility located within city or town boundaries?** ☐ YES ☒ NO
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 27-73
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0
5. **ALL FACILITIES: What is the design average flow of this facility?** 0.150 MGD
Industrial facilities: **What is the maximum 30-day avg. production level (include units)?** NA

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☐ YES ☒ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**

Public Sewer

100 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: ☐ 0 ☐ 1-49 ☒ 50 or more

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- ☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

9. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

Please provide email: jandrews@co.augusta.va.us

- ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Mount Sidney WWTP

VPDES Permit No: VA0022322

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

Stuarts Draft, Fishersville or Middle River WWTP

b. Receiving Facility VPDES Permit No. VA0066877, VA0025294 or VA0064793

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge Landfill (primary) or land application (secondary)

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☐ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☒ Yes ☐ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☒ Yes ☐ No

Biosolids are land applied under the authorization of a ☒ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

Houff Feed and Fertilizer

b. Permit No.

VPA01566

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☒ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. One (fecal coliform testing)
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☒ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. Four (SOUR testing)
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☒ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☒ Yes ☐ No
If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Kenneth J. Fanfoni, Executive Director

Signature 

Telephone number / Email (540) 245-5670 kfanfoni@co.augusta.va.us

Date signed 3/31/16

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

Augusta County Service Authority

Mt. Sidney WWTP (VA0022322) Biosolids Data

	Arsenic	Cadmium	Chromium	Copper	Lead	Mercury	Molybdenum	Nickel	Selenium	Zinc
Date	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
7/27/2011	5.0	1.0	21	441	41	0.6	<5	19	7.0	735
8/17/2012	4.0	1.0	22	577	42	0.5	7	18	5.0	1,040
12/4/2013	<3.0	<2.0	22	428	29	<0.4	7	13	<5.0	661
EPA Ceiling*	75	85	3,000	4,300	840	57	75	4,000	250	7,500
EPA Exceptional **	41	39	1,200	1,500	300	17	N/A	420	36	2,800

* EPA Ceiling Concentration for Pollutants for all Sewage Sludge Applied to Land (mg/kg).

** EPA Pollutant Concentration for Exceptional Quality Sewage Sludge (mg/kg).

Since biosolids were hauled to Middle River, metals testing was suspended. It will resume in the next fiscal year.

Augusta County Service Authority

Mt. Sidney WWTP (VA0022322) TCLP Data

Parameter	Mt. Sidney 7/27/2011 (mg/L)	Mt. Sidney 8/17/2012 (mg/L)	Mt. Sidney 12/4/2013 (mg/L)	Regulatory Level (mg/L)
Arsenic	<0.500	<0.500	<0.500	5
Barium	0.017	0.100	0.979	100
Benzene	<0.050	<0.050	<0.050	0.5
Cadmium	<0.050	<0.050	<0.050	1
Carbon Tetrachloride	<0.050	<0.050	<0.050	0.5
Chlordane	<0.00623	<0.00312	<0.00312	10
Chlorobenzene	<0.050	<0.050	<0.050	100
Chloroform	<0.050	<0.050	<0.050	6
Chromium	<0.500	<0.500	<0.500	5
o-Cresol	<0.050	<0.024	<0.123	200
m/p-Cresol	<0.050	<0.024	<0.123	200
Cresol	<0.0099	<0.00996	<0.00985	10
2,4-D	<0.050	<0.024	<0.123	7.5
1,4-Dichlorobenzene	<0.050	<0.050	<0.050	0.5
1,2-Dichlorethane	<0.050	<0.050	<0.050	0.7
1,1-Dichloroethylene	<0.050	<0.024	<0.123	0.13
2,4-Dinitrotoluene	<0.00050	<0.00025	<0.00025	0.008
Endrin	<0.00025	<0.00012	<0.00012	
Heptachlor (+epoxide)	<0.00025	<0.00012	<0.00012	
Hexachlorobenzene	<0.00025	<0.00012	<0.00012	0.02
Hexachloro-1,3-butadiene	<0.050	<0.024	<0.123	0.13
Hexachloroethane	<0.050	<0.024	<0.123	0.5
Lead	<0.050	<0.024	<0.123	3
Lindane	<0.500	<0.500	<0.500	5
Mercury	<0.0020	<0.0020	<0.0020	0.2
Methoxychlor	<0.00249	<0.00125	<0.00125	0.4
Methyl ethyl Ketone	<0.500	<0.500	<0.500	200
Nitrobenzene	<0.050	<0.024	<0.123	2
Pentachlorophenol	<0.050	<0.024	<0.123	100
Pyridine	<0.050	<0.024	<0.123	5
Selenium	<0.500	<0.500	<0.500	1
Silver	<0.100	<0.100	<0.100	5
Tetrachloroethylene	<0.050	<0.050	<0.050	0.7
Toxaphene	<0.00623	<0.00312	<0.00312	0.5
Trichloroethylene	<0.050	<0.050	<0.050	0.5
2,4,5-Trichlorophenol	<0.050	<0.024	<0.123	40
2,4,6-Trichlorophenol	<0.050	<0.024	<0.123	2
2,4,5-TP	<0.0049	<0.00498	<0.00492	1
Vinyl Chloride	<0.050	<0.050	<0.050	0.2

Since biosolids are hauled to Middle River, TCLP testing was suspended.

**VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING**

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. Facility Operator Information

Name: Augusta County Service Authority

Mailing Address: PO Box 859

City: Verona State: VA Zip: 24482 Phone: 540-245-5670

2. Facility/Site Location Information

Facility Name: Mt. Sidney WWTP

Address: 2075 Lee Highway

City: Mt. Sidney State: VA Zip: 24467

County Name: Augusta

Latitude: 38° 14' 53.70" Longitude: 78° 57' 35.97"

3. Was the facility or site previously covered under a VPDES storm water permit? Yes ☐ No ☒

If "Yes", enter the VPDES permit number: _____

4. SIC/Activity Codes: Primary: 4952 Secondary (if applicable): _____

5. Total size of facility/site associated with industrial activity: 4.8 acres

6. Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion? Yes ☐ No ☒

If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

Less than one acre ☐

One to five acres ☐

More than five acres ☐

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the No Exposure exclusion.**

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Materials or residuals on the ground or in storm water inlets from spill/leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Materials or products from past industrial activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Kenneth J. Fanfoni

Print Title: Executive Director

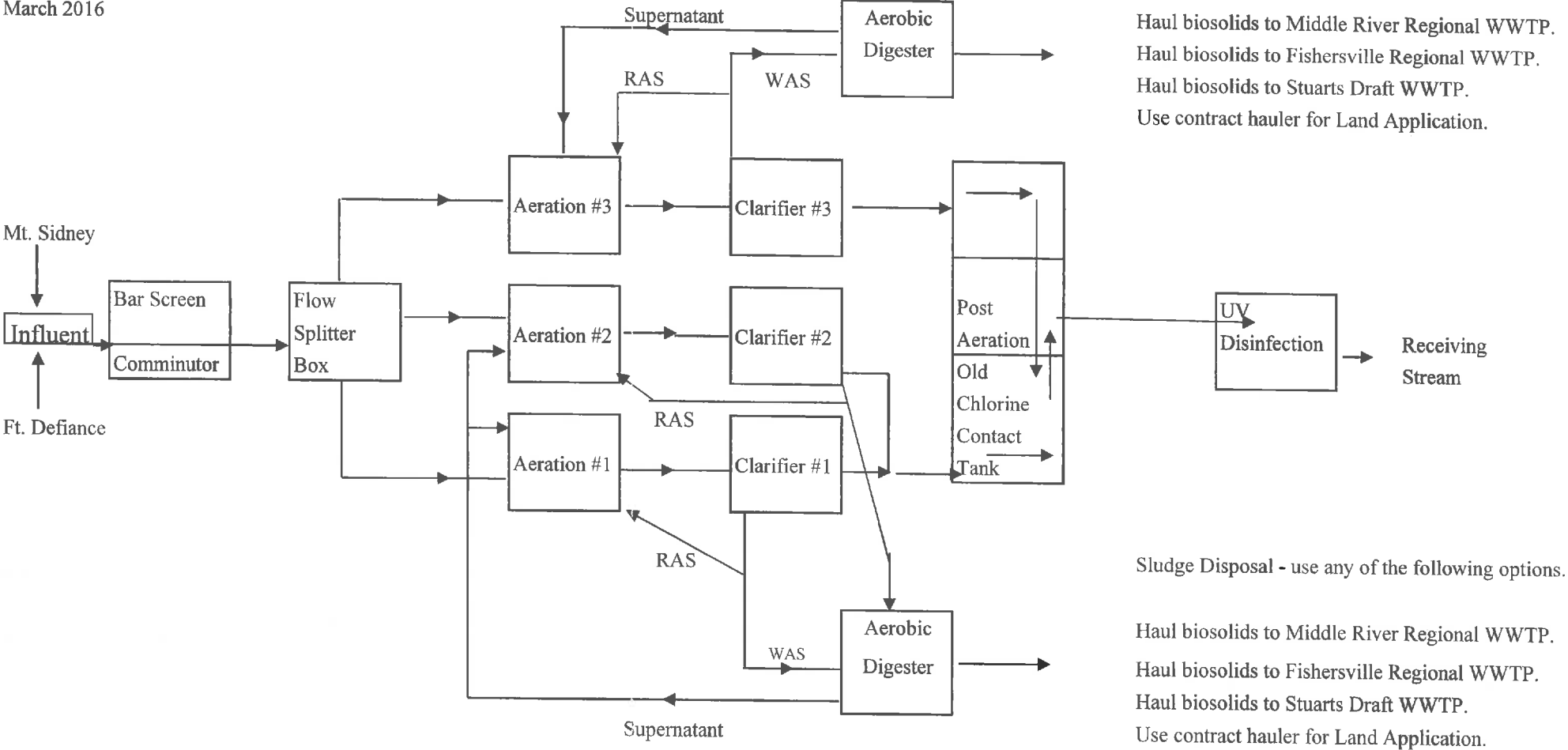
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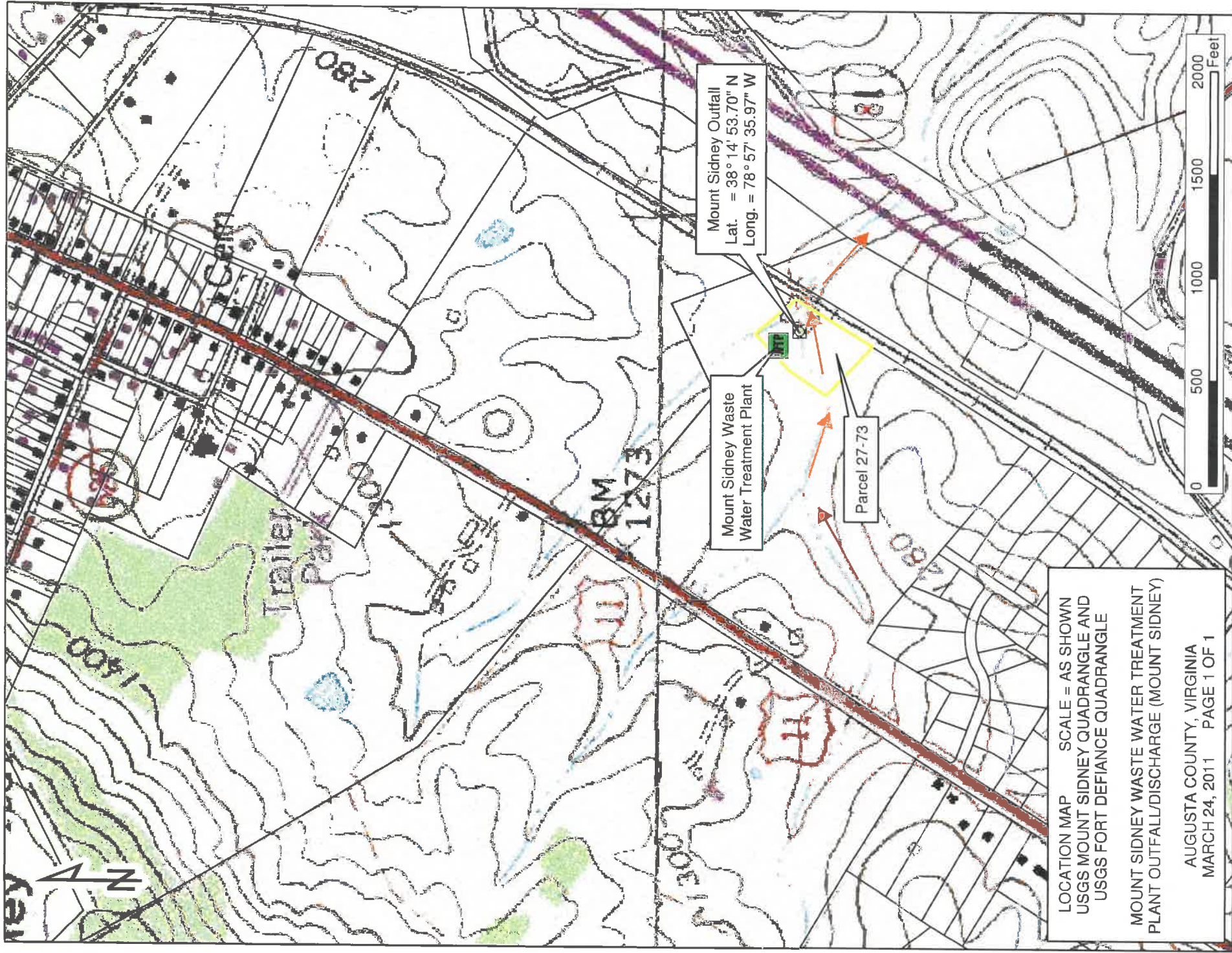
Date: 3/30/16

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

Schematic of Wastewater Flow for
Mt. Sidney STP
Augusta County, Virginia
March 2016





LOCATION MAP SCALE = AS SHOWN
USGS MOUNT SIDNEY QUADRANGLE AND
USGS FORT DEFIANCE QUADRANGLE

MOUNT SIDNEY WASTE WATER TREATMENT
PLANT OUTFALL/DISCHARGE (MOUNT SIDNEY)

AUGUSTA COUNTY, VIRGINIA
MARCH 24, 2011 PAGE 1 OF 1

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: Mount Sidney WWTP

Permit Number: VA0022322

Owner Name: Augusta County Service Authority

Owner Address: PO Box 859
Verona, VA 24482

Billing Contact Name: Kenneth J. Fanfoni

Title: Executive Director

Phone Number: 540-245-5670

E-Mail Address: kfanfoni@co.augusta.va.us

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Staunton News Leader in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: _____

Owner: Augusta County Service Authority

Agent/Department Address: PO Box 859

Verona, VA 24482

Agent's Telephone No.: 540-245-5670

Printed Name: Kenneth J. Fanfoni

Authorizing Agent – Signature: 

Date: 3/30/16

Facility Name: Mt. Sidney WWTP

VPDES Permit No. VA 0022322

FACILITY NAME: Mt. Sidney WWTP
ADDRESS: 2075 Lee Highway
Mt. Sidney, VA 24467

Permit No. VA0022322
Attachment A
Page 1 of 1

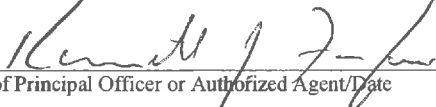
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING

OUTFALL NO. 001

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
333-41-5	Diazinon	(3)	(4)	<1	G or C	1/5 YR

Ken Fanfoni, Executive Director

Name of Principal Exec. Officer or Authorized Agent/Title

 1/3/16
Signature of Principal Officer or Authorized Agent/Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Footnotes to Water Quality Monitoring Attachment A

- (1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

The quantification levels indicated for the metals are actually Specific Target Values developed for this permit. The Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The Specific Target Values are subject to change based on additional information such as hardness data, receiving stream flow, and design flows.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained.

- (2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

C = Composite = An 8-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period.

- (3) Any approved method presented in 40 CFR Part 136.
- (4) The QL is at the discretion of the permittee. For any substances addressed in 40 CFR Part 136, the permittee shall use one of the approved methods in 40 CFR Part 136.

REPORT OF ANALYSIS

CLIENT: Augusta County Service Authority
ATTN: Jean Andrews
ADDRESS: 18 Government Ctr Ln PO BOX 859
Verona, VA 24482-0859
PHONE: (540) 245-5670
FAX: e: jandrews@co.augusta.va.us

SAMPLE COLLECTED BY: CLIENT

GRAB COLLECTION:

Date: 4/14/2015 Time: 0900

COMPOSITE COLLECTION:

Start Date: Time:

End Date: Time:

PICK UP BY: UPS

SAMPLE RECEIPT:

Date: 4/15/2015 Time: 0920

NUMBER OF CONTAINERS: 2

SAMPLE CONDITION: ☒ Good ☐ Other (See C-O-C)

REPORT NO: 15-05510 13:53



SAMPLE ID: MT. SIDNEY EFF
SAMPLE NO: 15-05510

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Diazinon	614	1	< 1	ug/L	JFS	04/21/15	0409

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAP standards, where applicable, unless otherwise indicated.

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 23-Apr-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
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